

Name
in
Full

Olive Barnes

CERTIFICATE OF DEATH

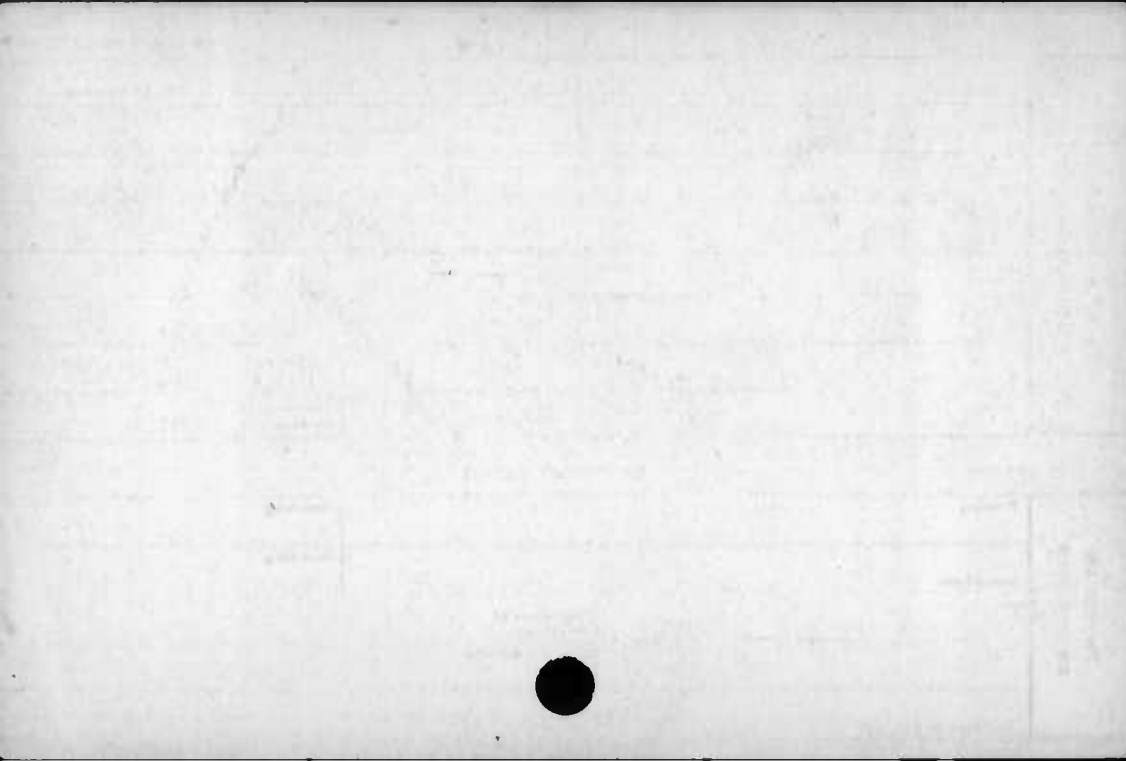
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mutual</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	1	Age	Years 18 Months Days
Sex	<i>Female</i>		Color or Race		<i>Colored</i>		Birth-place <i>Calvert Md</i>
Occupation	<i>servant</i>			Where Residing if not at place of death <i>now Mutual</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Jno F Barnes</i>					Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Eliza E Barnes</i>					Mother's Birthplace	<i>Md</i>
Name of person giving information	<i>Basel B. Gray</i>					How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>6 months</i>
Immediate	<i>Complication of lung</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P. Briscoe Sub Regt</i>
		Address	<i>Mutual Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Lusby* ^{Town} *Calvert* ^{County}
 Date of death *1907* ^{Month} *Aug* ^{Day} *29* Age ^{Years} *23* ^{Months} *7* ^{Days} *7*
 Sex *Male* Color or Race *Colored* Birth-place *Calvert Co*
 Occupation *Teamster* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *Ota Matthews*
 Father's Name *James T. Bishop* Father's Birthplace *Calvert Co*
 Mother's Maiden Name *Sarah A. Green* Mother's Birthplace *Calvert Co*
 Name of person giving information *Jas. T. Bishop* How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Phthisis* How long *5 mos.*
 Immediate *Exhaustion* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *Geo. F. Chambers M.D.*
 Address *Lusby, Calvert Co Md*
 Accident or Suicide?



Name
in
Full

Hermit Hobson Brooks.

CERTIFICATE OF DEATH

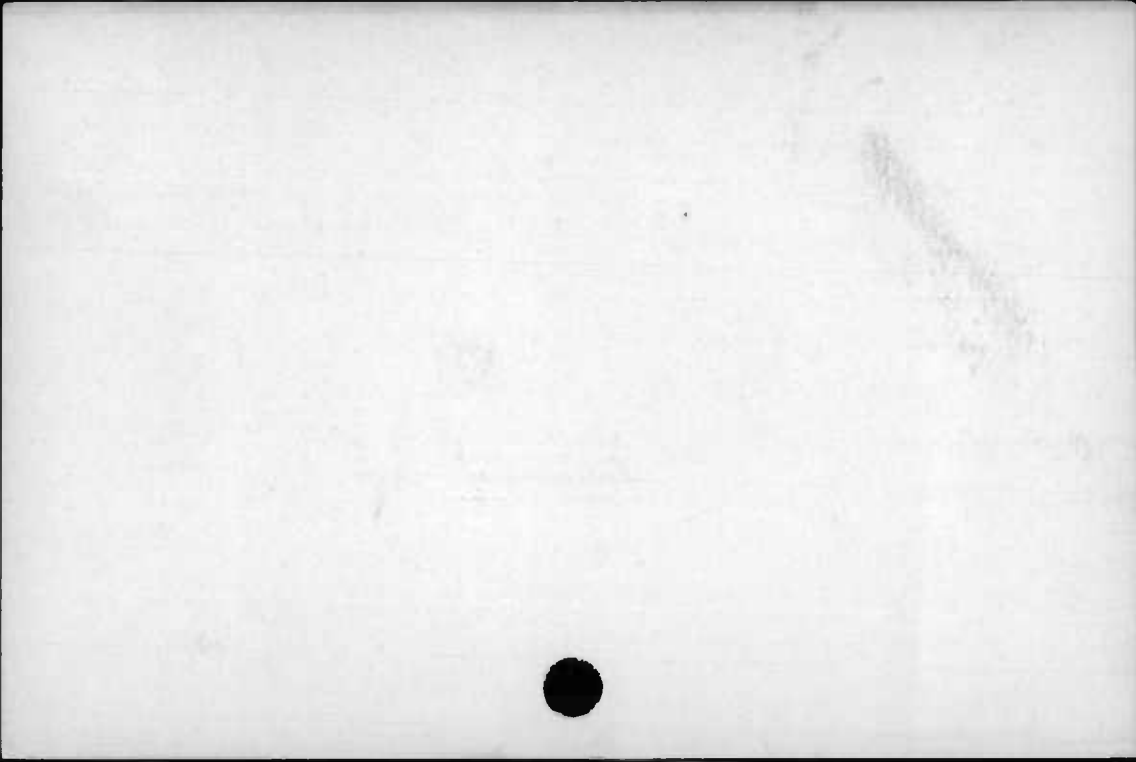
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Solomons</u> <small>Town</small>		<u>Calvert.</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>Aug</u>	Day <u>17</u>	Age <u>1</u>	Months <u>11</u> Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Solomons, Md</u>		
Occupation <u>Infant</u>			Where Residing if not at place of death <u>S</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>James W. Brooks</u>			Father's Birthplace <u>Dorchester Co. Md</u>		
Mother's Maiden Name <u>Annan Ida Phillips</u>			Mother's Birthplace <u>Dorchester Co. Md.</u>		
Name of person giving information <u>Jas. W. Brooks</u>			How related to deceased <u>Father.</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteritis</u>	<u>105</u>	How long <u>8 days.</u>
Immediate <u>Convulsions</u>		How long <u>1 1/2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Marsh.</u>	
	Address <u>Solomons</u>	
	<u>Md.</u>	
Accident or Suicide? <u>—</u>		



Name
in
Full

George Henry Chew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bruna Vista		County Calver		MARYLAND	
Date of death	1907	Month Aug	Day 3	Age	Years	Months 10	Days 3
Sex	male		Color or Race	Black		Birth- place	Calver
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband MRS. CHOW				
Father's Name			Samuel Chew			Father's Birthplace Calver	
Mother's Maiden Name			Kate Coffey			Mother's Birthplace " "	
Name of person giving In formation			Samuel Chew			How related to deceased Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	1 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Henry	
		Address Baltimore	
Accident or Suicide?			



Name
in
Full

Major *Lewis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

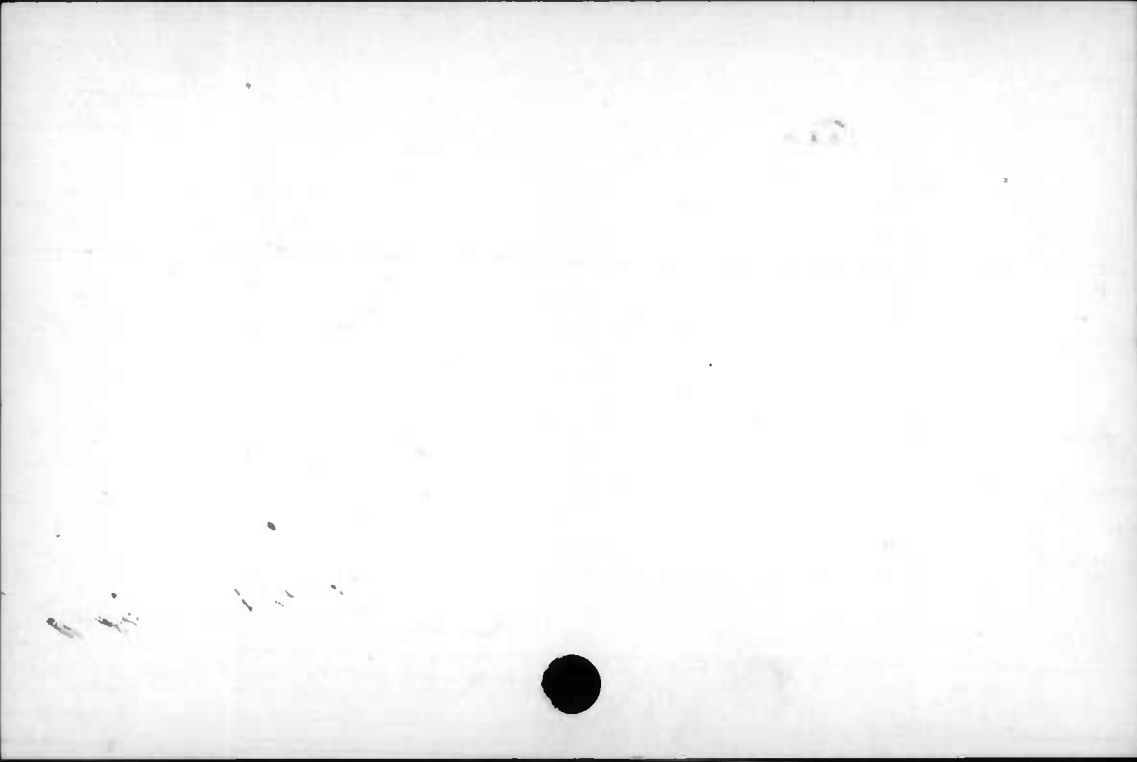
Died at <i>Cheneyville</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1907 Aug.</i>	<i>31</i> ^{Day}	<i>65</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}	
Sex <i>male</i>	Color or Race <i>African</i>	Birth-place <i>Calvert Co</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Bessie Curtis</i>				
Father's Name <i>Chas Curtis</i>	Father's Birthplace <i>Calvert Co</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>John Ross</i>		How related to deceased <i>None</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>5 months</i>
Immediate <i>Uraemia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Newman</i>
	Address <i>Lo. Marlboro,</i>
Accident or Suicide?	<i>mis</i>



Name
in
Full

Polly Dorsey

CERTIFICATE OF DEATH

Died at ^{Town} *Acquia*^{County} *Calvert*

MARYLAND

Date

of death

1907

Month

Aug

Day

12

Age

Years

90

Months

Days

Sex

*Female*Color or
Race*Colors*Birth-
place*Calvert*

Occupation

*Invalid for years (none)*Where Residing if not
at place of death*Calvert*Married, Single
or Widowed*Widow*Name of Wife or
Husband*Isaac Brown*Father's
Name*Mrs Dorsey*Father's
Birthplace*Calvert*Mother's
Maiden Name*Nancy Rawlings*Mother's
Birthplace*"*Name of person giving
Information*Orville Brown*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Old age

How long

154

Immediate

How long

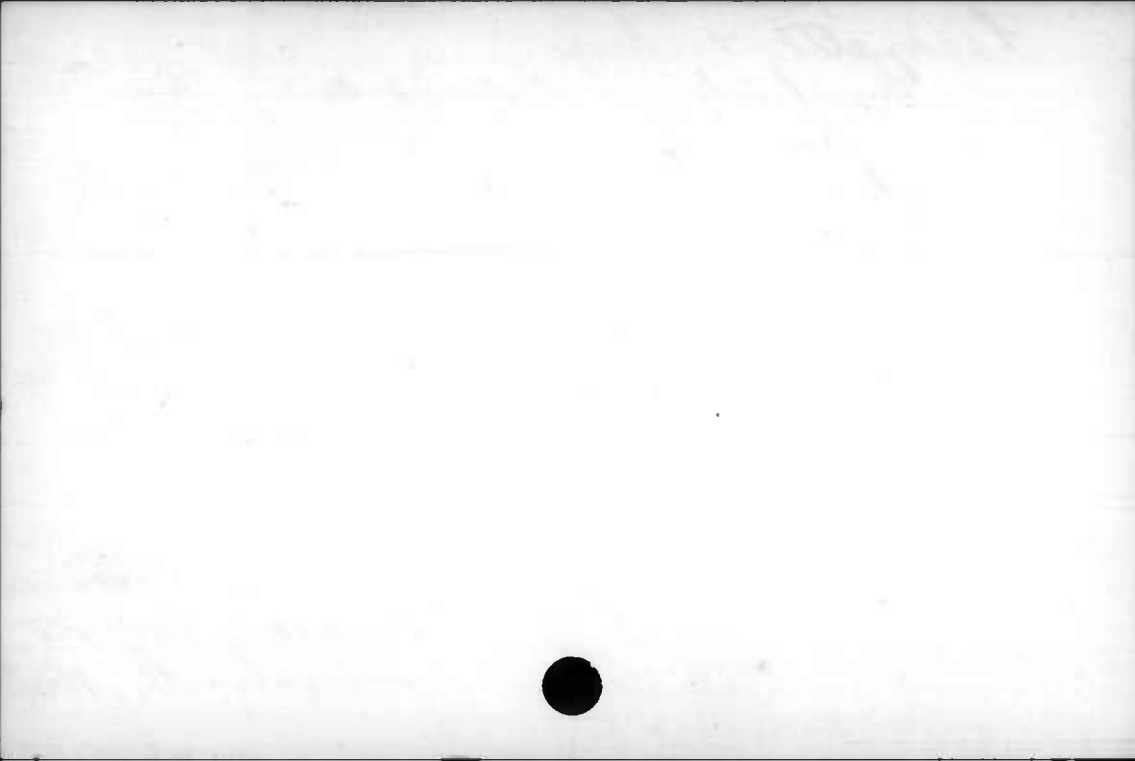
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. J. Lusk, Supt. Reg.
Bureau*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Lafayette Forbes

TO BE ANSWERED BY
NEAREST FRIEND

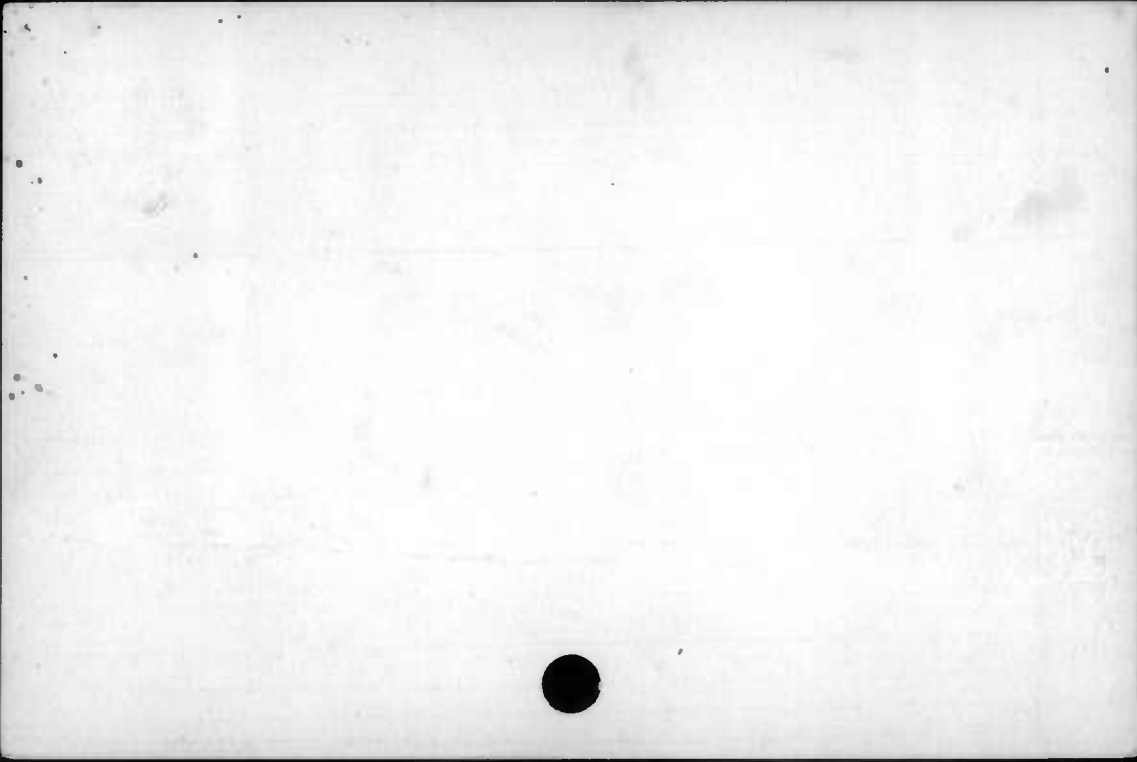
Died at <u>Dunkirk</u> ^{Town}		<u>Calvert Co</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> ^{Month}	<u>16</u> ^{Day}	Age <u>20</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>African</u>		Birth-place <u>Dunkirk</u>		
Occupation <u>Labourer</u>	Where Residing if not at place of death				
Married Single		Name of Wife or Husband			
Father's Name <u>Benjamin Forbes</u>	Father's Birthplace <u>Calvert Co</u>				
Mother's Maiden Name <u>Harriet Gross</u>	Mother's Birthplace <u>Calvert Co</u>				
Name of person giving information <u>Jack Hawkins</u>	How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

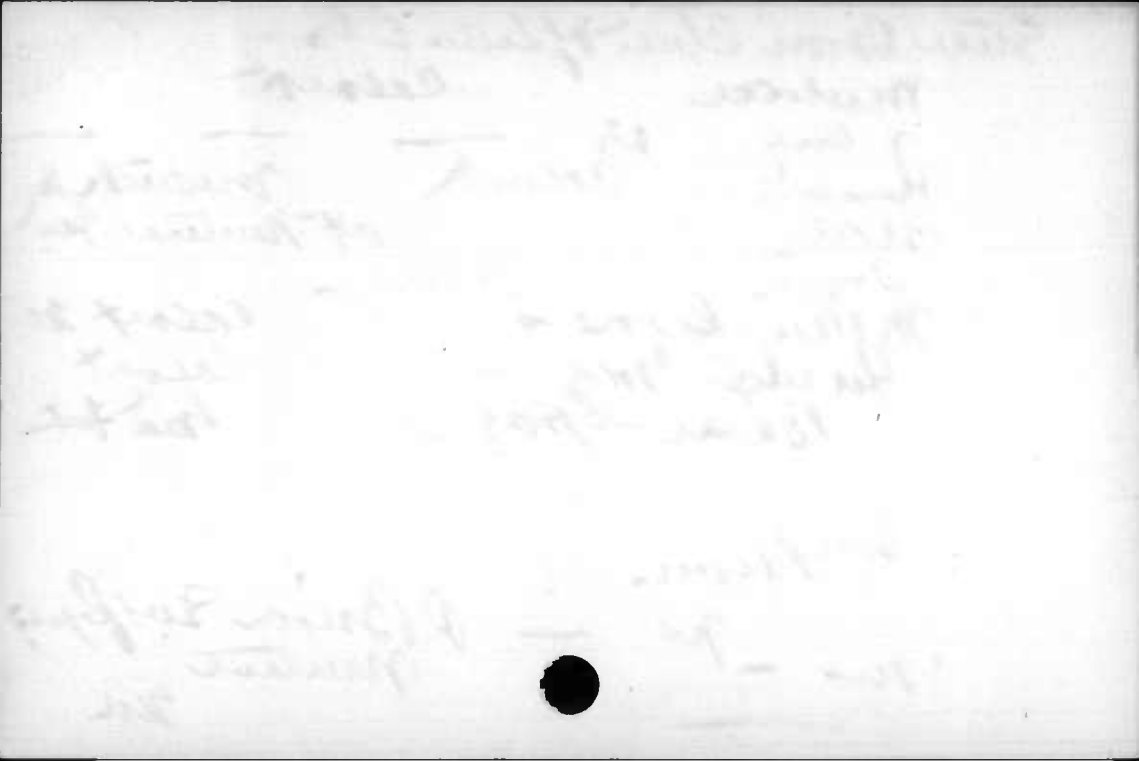
176

PHYSICIAN
OR CORONER

Primary <u>Gun-shot wound</u>	How long
Immediate <u>Hemorrhage</u>	How long <u>several seconds</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. Russell Talbot</u>
	Address <u>Dunkirk, Md</u>
Accident or Suicide? <u>Homicide</u>	



Name in Full		Thelma Ellen Gibson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Lo. Marlboro		County Calvert		MARYLAND	
	Date of death	1907	Month Aug	Day 30	Age	Years 2	Months 10
	Sex	Female		Color or Race	white		
	Occupation	none		Where Residing If not at place of death			
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Robt J. Gibson			Father's Birthplace	Cal. Co.	
	Mother's Maiden Name	Mary Wilkinson			Mother's Birthplace	" "	
Name of person giving information	James W. Gibson Jr			How related to deceased	Cousin		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">105</div>							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate	Cholera Infantum				How long 4 Days	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	E. N. Newman		
				Address	Lo. Marlboro, Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

State Born Child of *John E Gray* MARYLAND

Died at *Mutual* ^{Town} *Calvert* ^{County}

Date of death 1907 *Aug* ^{Month} *13* ^{Day} Age *—* ^{Years} *—* ^{Months} *—* ^{Days}

Sex *Female* Color or Race *Colored* Birth-place *Mutual Md*

Occupation *None* Where Residing if not at place of death *at Mutual Md*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *William Ross* Father's Birthplace *Calvert Md*

Mother's Maiden Name *Lucy E Gray* Mother's Birthplace *Calvert*

Name of person giving information *Basal Gray* How related to deceased *Grand Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

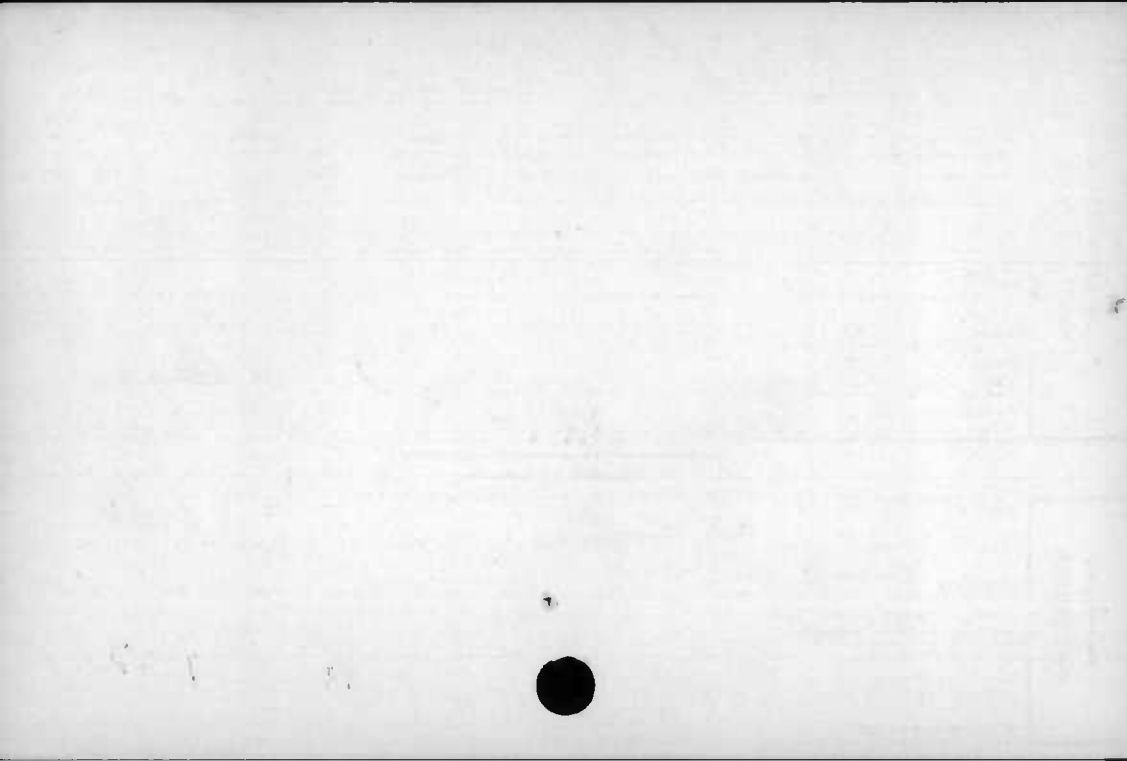
Primary *Unknown* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *P. Brown* Address *Mutual Md*

Accident or Suicide? *—*



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

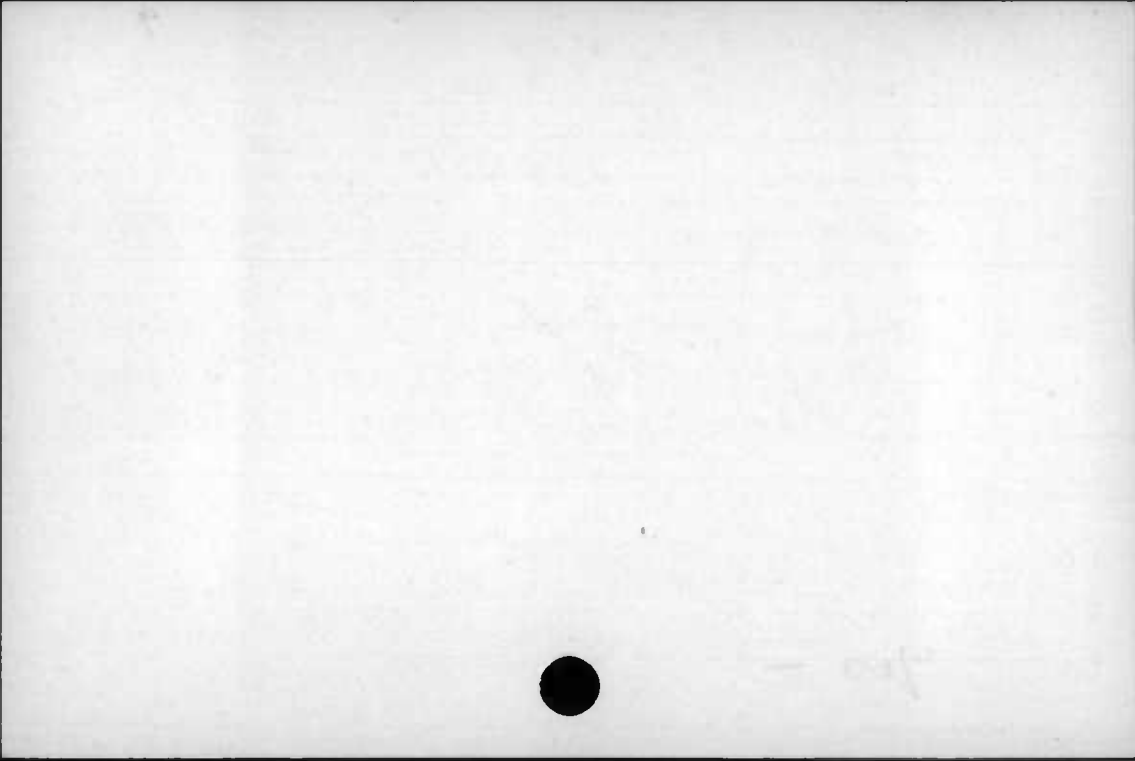
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	27		-	18	-
Sex	Female		Color or Race	white		Birth-place	Cal Co
Occupation	-			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Levinio Henderson			Father's Birthplace	
						Cal Co	
Mother's Maiden Name			Mary Henderson			Mother's Birthplace	
						Cal "	
Name of person giving information			Charles Moore			How related to deceased	
						-	

CAUSE OF DEATH

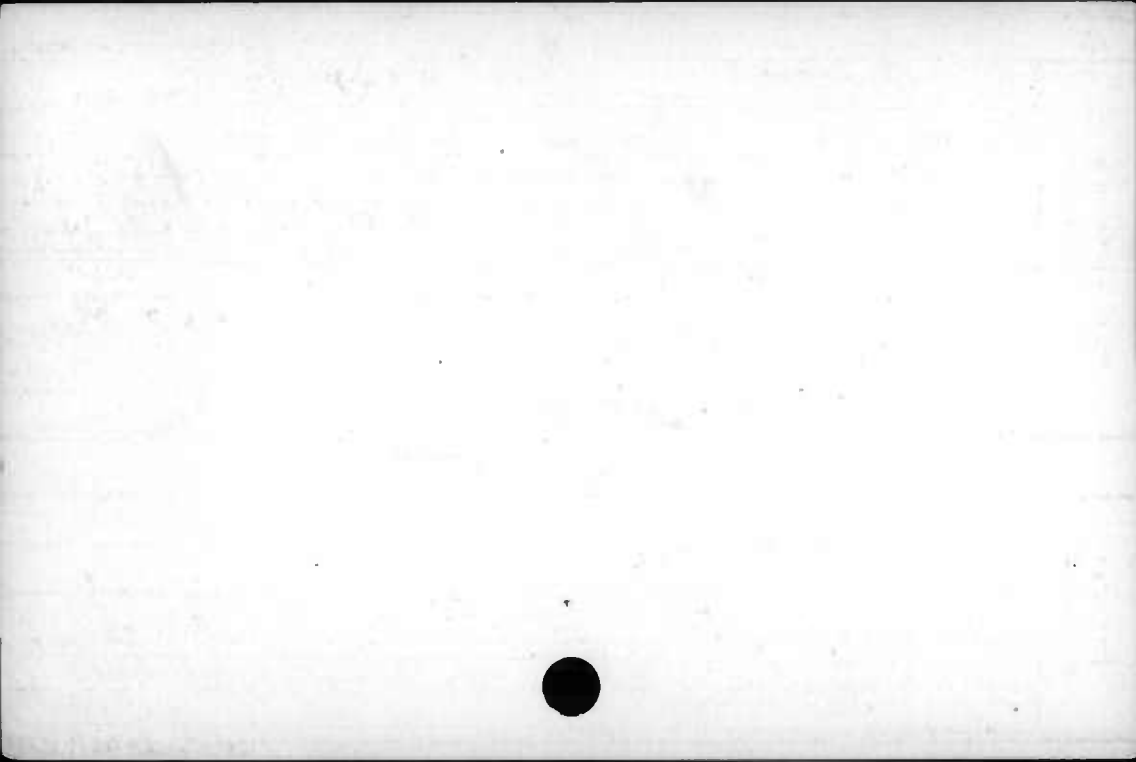
105

PHYSICIAN
OR CORONER

Primary	Iles Colitis	How long	1 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. King	
		Address	
		Bridgetown	
Accident or Suicide?			



Name in Full Margerie Howard		Town Mullica		County Calvert		9 CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month Aug		Day 9		Years 13		Months 13	
Sex Female		Color or Race Colored		Birth-place Balti Md.		Days 13	
Occupation None		Where Residing if not at place of death Calvert C. Md.					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Howard		Father's Birthplace Calvert Co					
Mother's Maiden Name Annie Parker		Mother's Birthplace Calvert Co					
Name of person giving information Samuel C. Parker		How related to deceased Grand Parent					
CAUSES OF DEATH				105			
Primary Colicis -		How long 3 days					
Immediate Incubation		How long " "					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician P. Bruce Sot Ref.		Address Mullica			
Yes -		Address Calvert Md					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Johannah Hurley*

Died at *Huntingtown* ^{Town} *Calvert* ^{County} **MARYLAND**

Date of death *1907* ^{Month} *Aug* ^{Day} *12* ^{Years} *Age* ^{Months} *2* ^{Days}

Sex *Female* Color or Race *Black* Birth-place

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed ☒ Name of Wife or Husband

Father's Name *Joseph Hurley* Father's Birthplace *Cal. les.*

Mother's Maiden Name *Maggie Freeman* Mother's Birthplace *" "*

Name of person giving information *Joseph Hurley* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Gastro Enteritis* How long *10 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. W. Fitch*

Address *Huntingtown*
md

Accident or Suicide?



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Newtown</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	28	Age	—
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Calvert Co</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		<i>None</i>		
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Alexine Johnson</i>				Mother's Birthplace	<i>Calvert Co</i>	
Name of person giving information	<i>Wesley Johnson</i>				How related to deceased	<i>Grandfather</i>	

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	<i>Infantile Paralysis</i>	How long	<i>about 1 year</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. F. Chambers</i>
		Address	<i>Sub. registrar</i>
<u>Accident or Suicide?</u>			



Name
in
Full

Mrs Martha Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

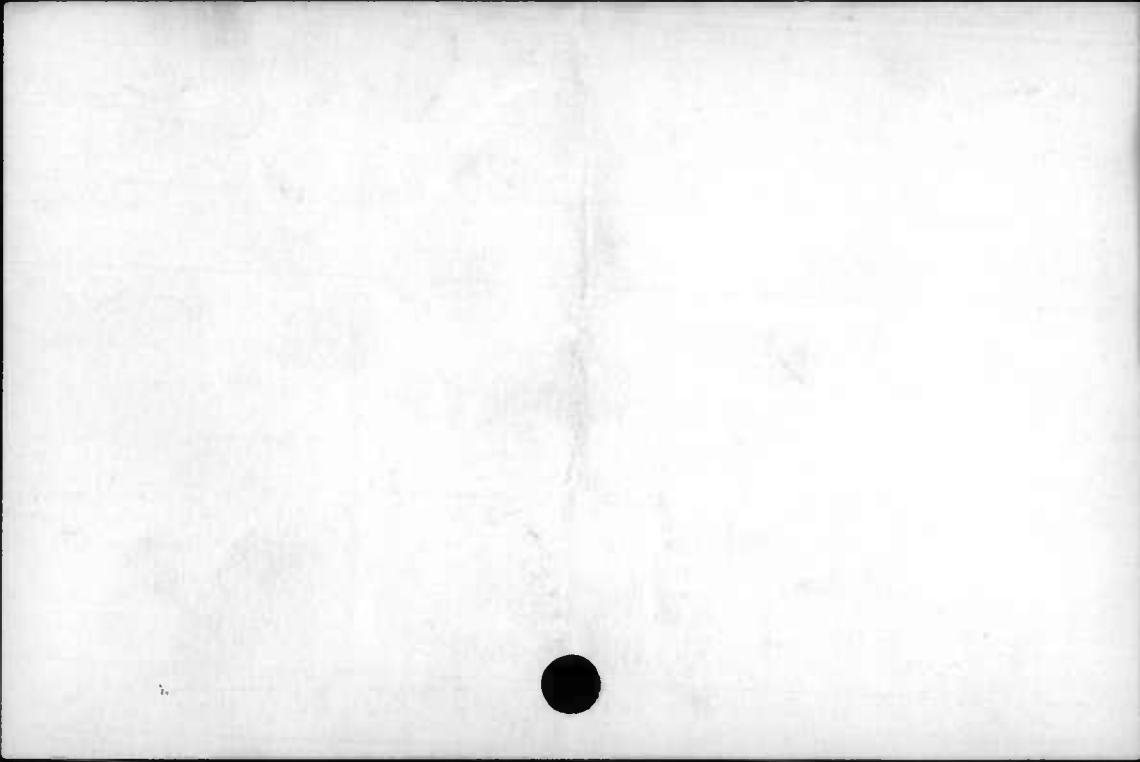
Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death	1907	Month August	Day 28	Age 38	Years	Months	Days
Sex	Female		Color or Race	Colored			
Occupation	Cook			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband Saul Johnson				
Father's Name	John Horroster			Father's Birthplace unknown			
Mother's Maiden Name	unknown			Mother's Birthplace unknown			
Name of person giving In formation	Joshua Johnson			How related to deceased Brother in law			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis		How long	5 minutes.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician Thos. M. Channing, M.D.	
			Address Channing Md	
Accident or Suicide?				



Name
in
Full

Hellen Genevieve Jones

CERTIFICATE OF DEATH

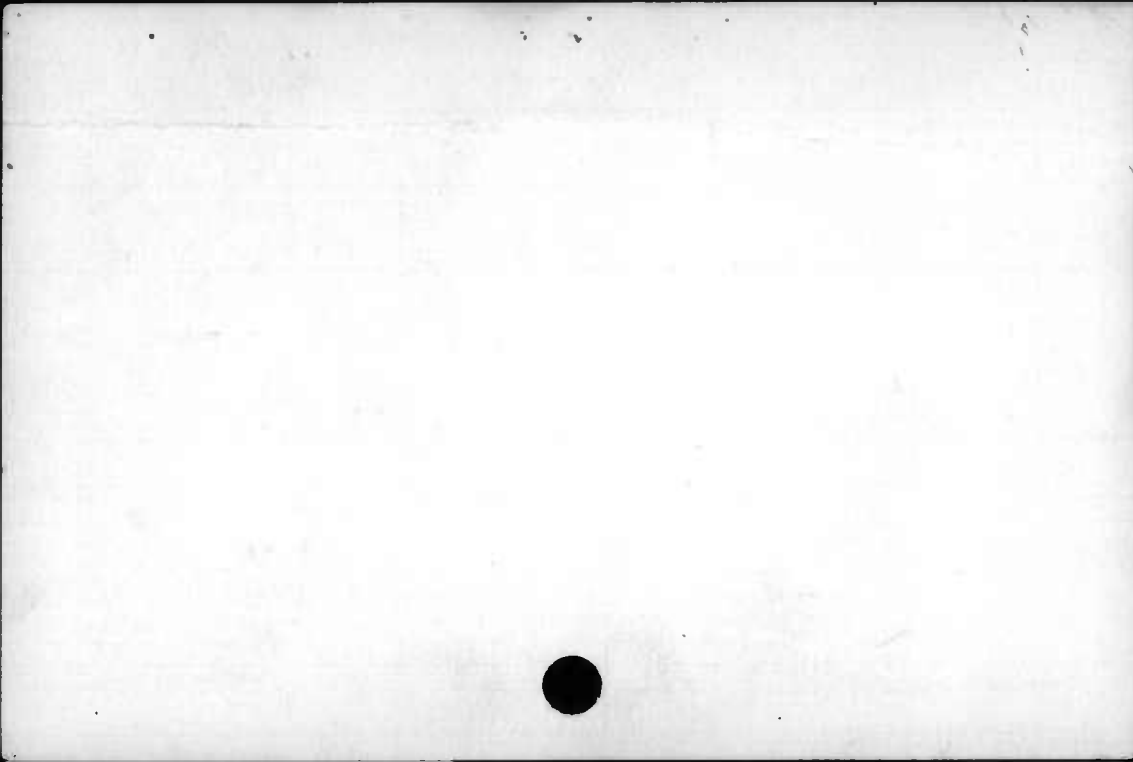
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt. Harmony		County Calvert		MARYLAND	
Date of death		190	Month Aug.	Day 26	Age Years	Months 7	Days 2
Sex		Female		Color or Race		White	
Birth- place		Mt. Harmony					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Single			
Name of Wife or Husband							
Father's Name				Unknown			
Father's Birthplace				Unknown			
Mother's Maiden Name				Josephine Jones			
Mother's Birthplace				St. George's Co. Md.			
Name of person giving In formation				John Jones Sr.			
How related to deceased				Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Hep-atitis		(105)		How long		21 days.	
Immediate						How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Thos. M. Channy, M.D.			
				Address		Channy, Ind.			
Accident or Suicide?									



Name
in
Full

Ester Mackall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

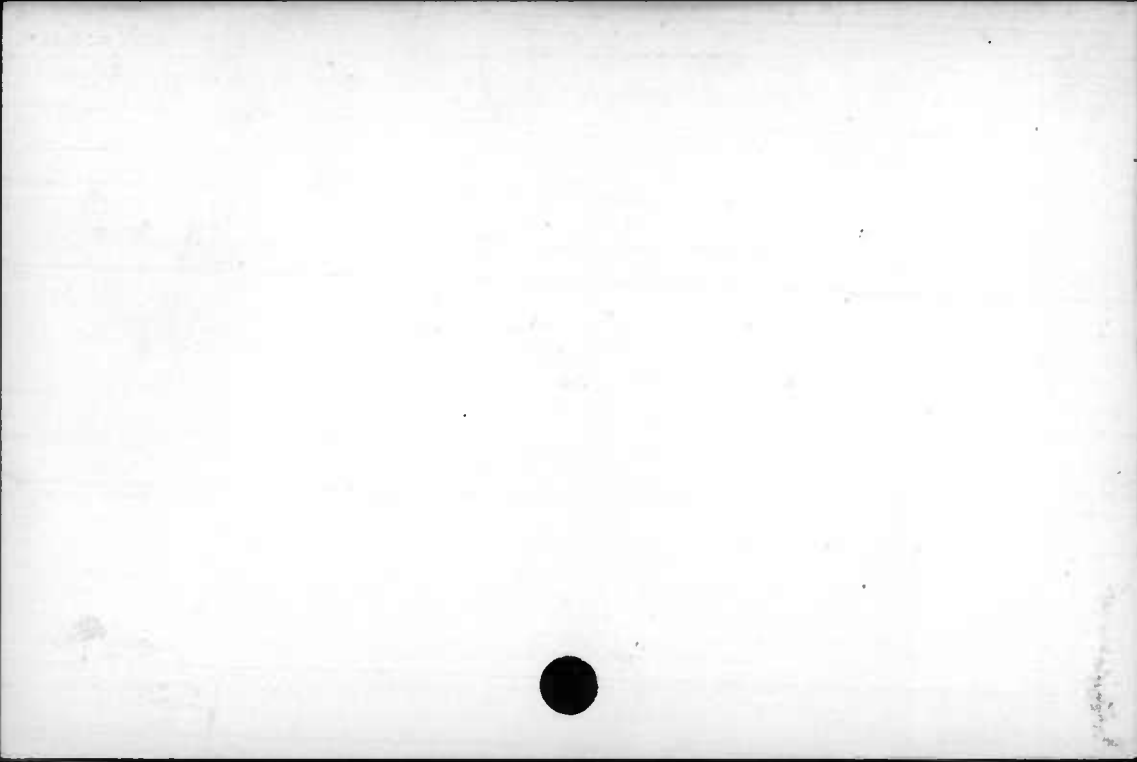
Died at <i>Huntingtown</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death	1907	Month	July	Day	11	Age	Years
Sex	Female	Color or Race	Black	Birth place	Cal. Co.	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Charlie Mackall			
Mother's Maiden Name				Mittie Hardy			
Name of person giving information				J. W. Gross			
Father's Birthplace				Cal. Co.			
Mother's Birthplace				" "			
How related to deceased				Cousin			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. W. Fitch
Accident or Suicide?	Address
	Huntingtown, Md



Name
in
Full

CERTIFICATE OF DEATH

James Henry Marquess

Died at Chesapeake Beach

Calvert

MARYLAND

Date
of death 1907Month
AugDay
2

Age

Years

Months

Days

One

12

Sex

Male

Color or
Race

White

Birth-
place

C Beach

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Filmore Marquess

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Ella Parks

Mother's
Birthplace

A A Co

Name of person giving
In formation

Richard Marquess

How related
to deceased

Grand Father

CAUSES OF DEATH

157

Primary

Marasmus

How long

Whole life

Immediate

Heart Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

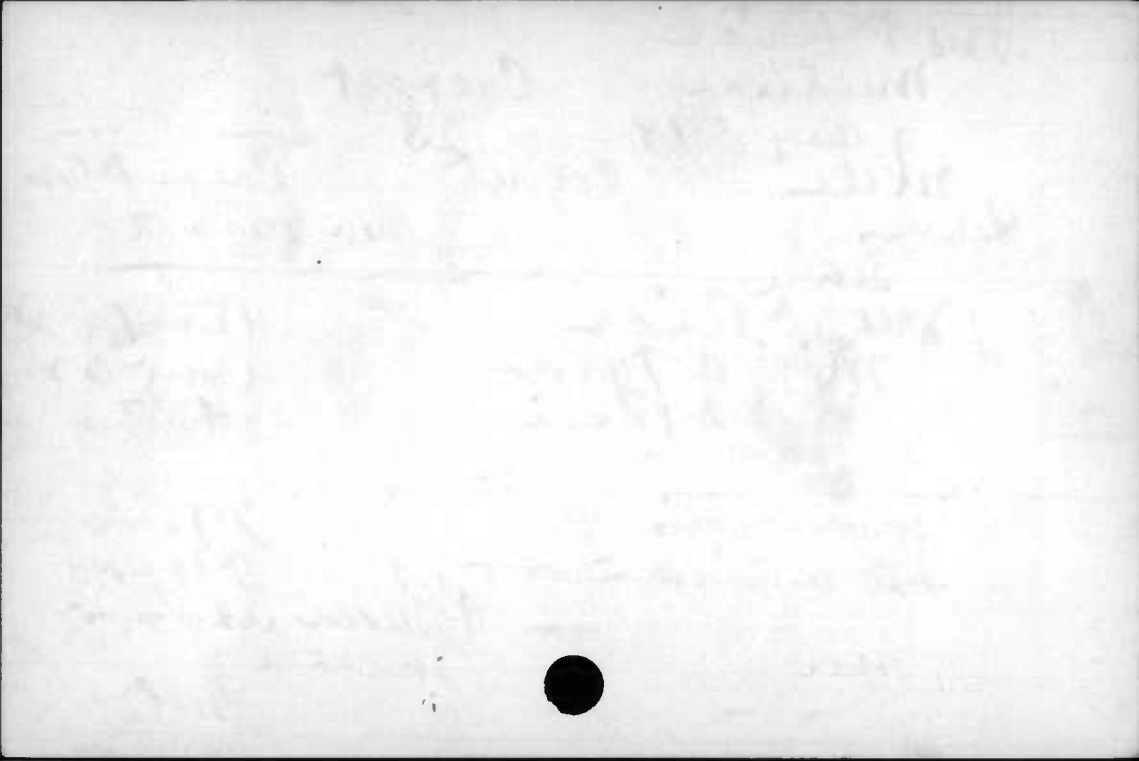
Signature of
Physician

Address

J L Brayshaw
Friendship
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurington</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death	1907	Month	Aug	Day	12
Age		Years		Months	3
Sex		male		Color or Race	black
Occupation		none		Birth-place	Cal. Geo
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Jacob Ray		Father's Birthplace	Cal. Geo.
Mother's Maiden Name		Mary Shickles		Mother's Birthplace	" "
Name of person giving information		Jacob Ray		How related to deceased	father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>2 wks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>J. W. Teitch</i>	
Address		<i>Thurington</i> <i>md.</i>	
Accident or Suicide?			



Name
in
Full

Jno T. Rice

CERTIFICATE OF DEATH

Died at

Mentune

Calvert

County

MARYLAND

Date

of death 190

Month

Aug

Day

18

Age

Years

23

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Calvert Co Md

Occupation

Laborer

Where Residing if not
at place of death

Mar Mentune

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jno D Rice

Father's
Birthplace

Calvert Co Md

Mother's
Maiden Name

Mary C Tyler

Mother's
Birthplace

Calvert Co Md

Name of person giving
In formation

Jno D Rice

How related
to deceased

Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Typhoid colosis

(27)

How long

29 years

Immediate

In amebiosis

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of

J. B. Rice, St. Regis

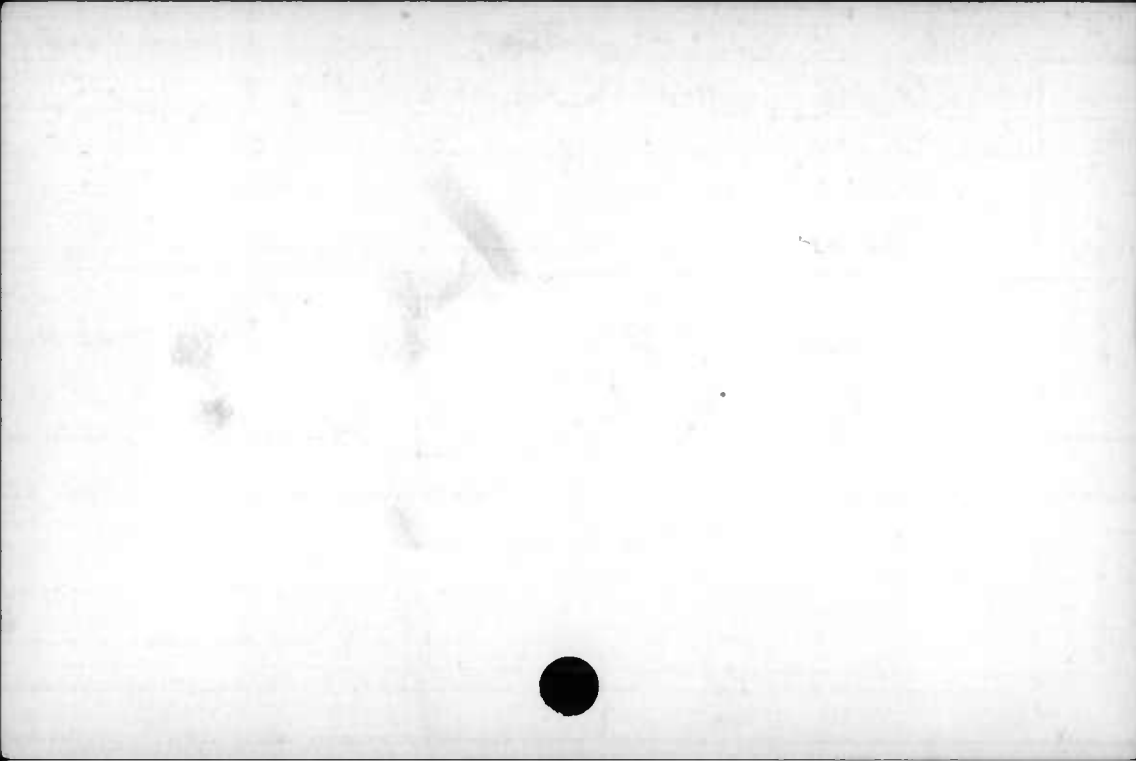
Address

Mentune

PHYSICIAN
OR CORONER

Accident or Suicide?

—



Name
in
Full

Evelyn Virginia Aupper

CERTIFICATE OF DEATH

Died at ^{Town} Huntingtown ^{County} Calvert

MARYLAND

Date of death 1907 ^{Month} Aug ^{Day} 9 ^{Age} Years ^{Months} 3 ^{Days}Sex Female ^{Color or Race} white ^{Birth-place} Cal. lesOccupation None ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name Ernest Aupper ^{Father's Birthplace} Cal. lesMother's Maiden Name Fannie Gibson ^{Mother's Birthplace} " "Name of person giving information Ernest Aupper ^{How related to deceased} Father

CAUSES OF DEATH

175

Primary ^{How long} 2 days
Dormant Poisoning
Immediate from milk ^{How long}

Are the name, age, sex, color, date and place correctly given above? yes

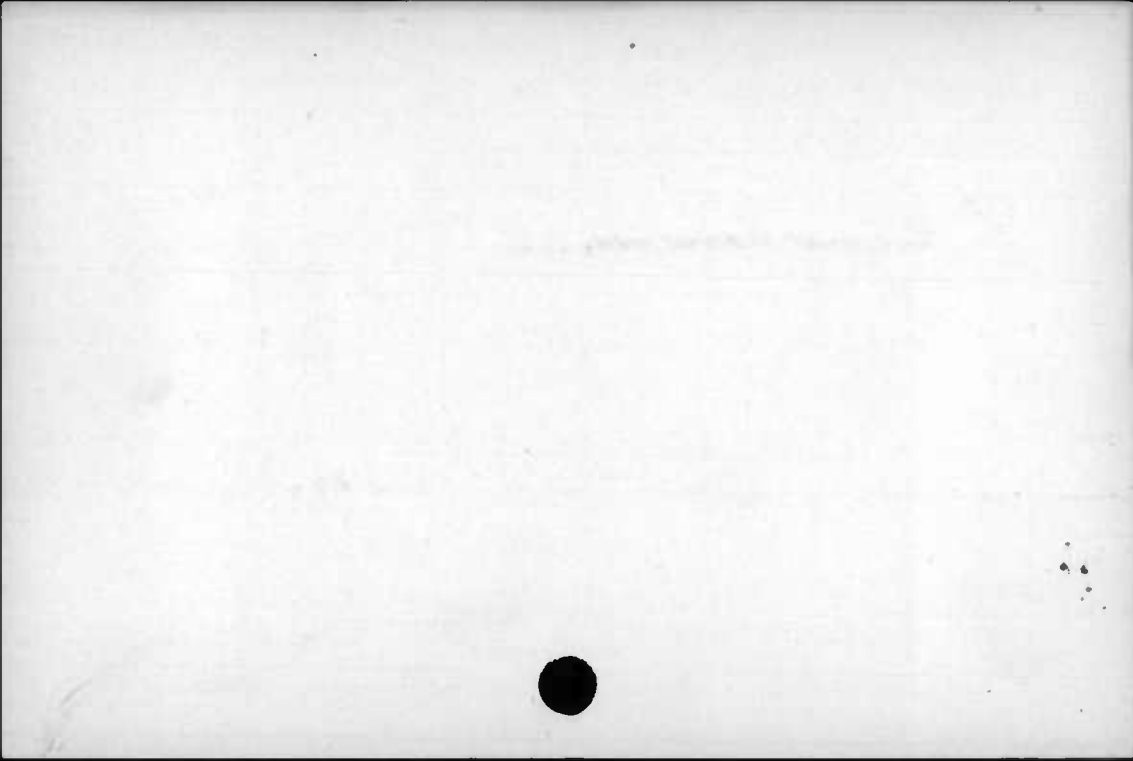
Signature of Physician

Address

J. W. Fitch
Huntingtown
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

Mattie M. Sterling

CERTIFICATE OF DEATH

Died at ^{Town} Barrens^{County} Leaver

MARYLAND

Date

of death 1907

Month

Aug

Day

20

Years

Age 26

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Leaver

Occupation

General house work

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Isaac S. Sterling

Father's
Birthplace

Md

Mother's
Maiden Name

Prilla Bowen

Mother's
Birthplace

Md

Name of person giving
Information

John W. Ward

How related
to deceased

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

6 mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

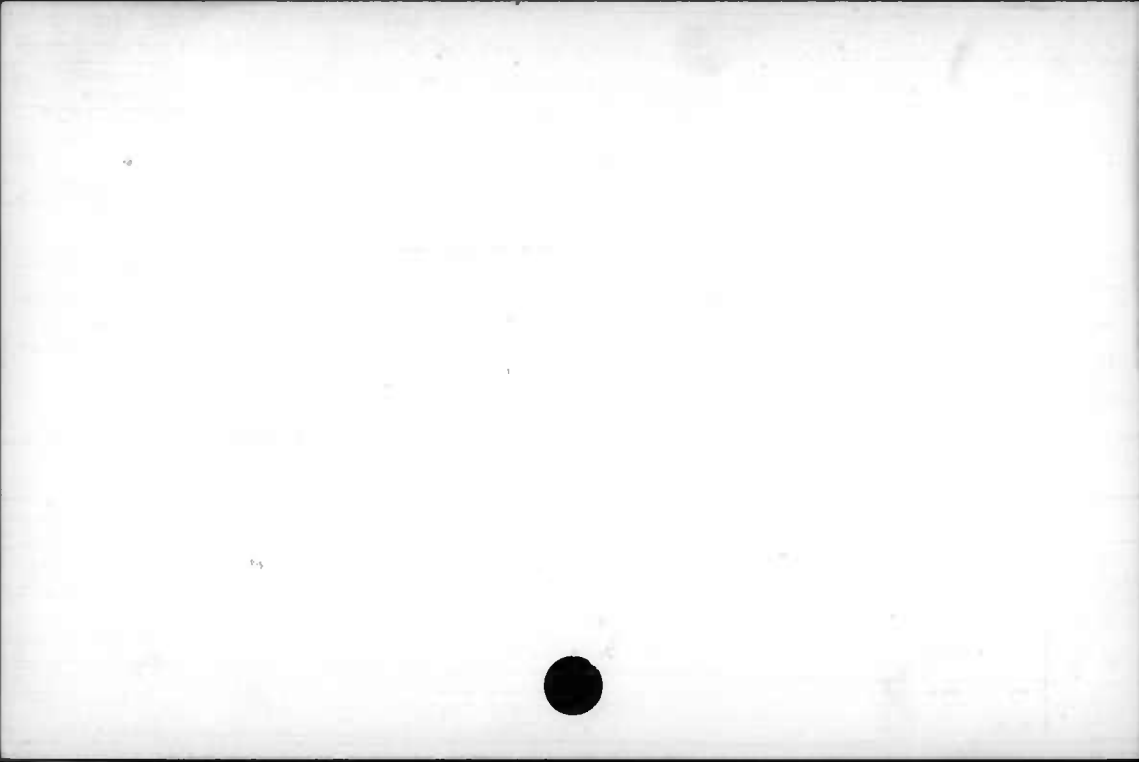
J. H. King

Address

Barstow

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Isabelle Virginia Tarleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Solomons		County Calvert.		MARYLAND	
Date of death		1907	Month Aug	Day 9	Age 77	Months 9	Days 22
Sex Female		Color or Race White		Birth- place Howard's Penna			
Occupation Housewife		Where Residing if not at place of death —					
Married, Single or Widowed Widowed		Name of Husband Solomon Mitchell Tarleton.					
Father's Name William Spaulding.		Father's Birthplace Penna					
Mother's Maiden Name Anne Elizabeth Harris.		Mother's Birthplace Penna					
Name of person giving Information Mary Dorey Raley.		How related to deceased Daughter.					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Senile debility	How long	4 months
Immediate	Diarrhoea	How long	1 month.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. H. Marsh.	
		Address Solomons, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Date of death		Month	Day	Years	Months	Days	
1907		Aug	11	Age	67	—	
Sex	Female	Color or Race		white		Birthplace	
Occupation		General housework		Where Residing if not at place of death		Calvert les	
Married, Single or Widowed		Name of Wife or Husband		George Lucker		—	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Arthur Caterill		How related to deceased		Son in law	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	2 weeks
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		J. M. King	
—		Address	
—		Barstow Md.	
Accident or Suicide?		—	



Name
in
Full

Ann Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

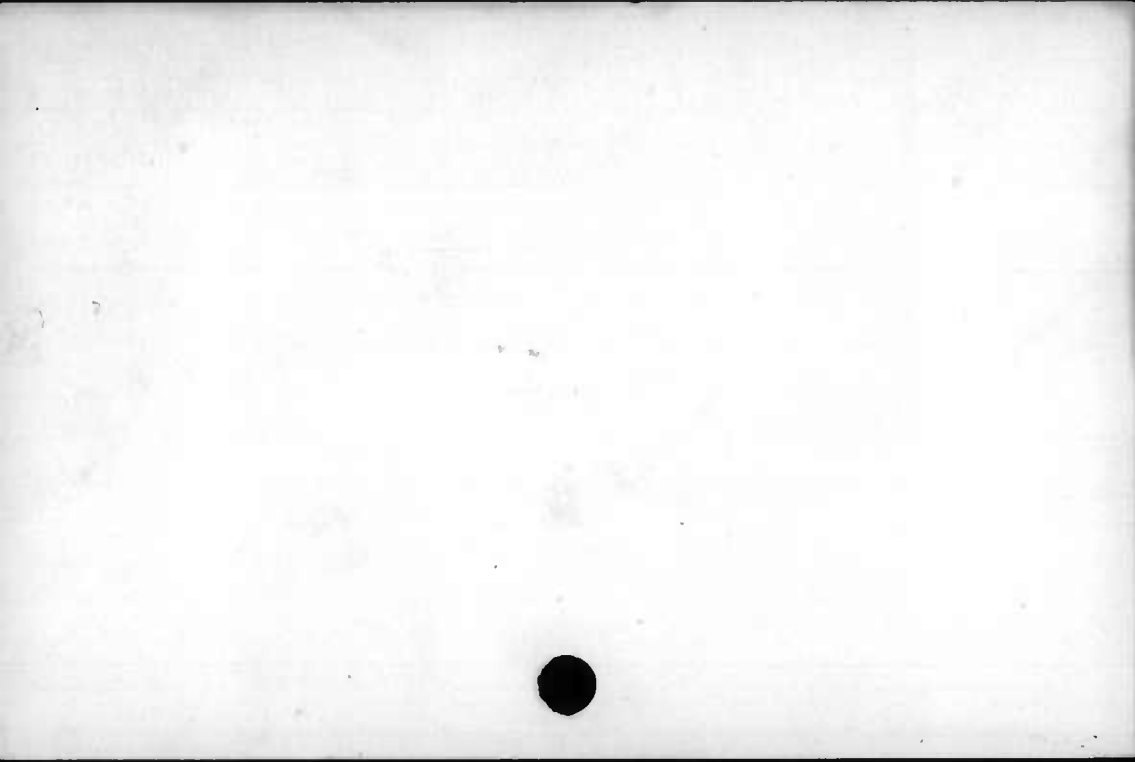
Died at <i>Mt Harmony</i> <small>Town</small>		<i>Looburk</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Aug.</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>89</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cal. Co.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Joseph C. Turner</i>				
Father's Name <i>Chas. Watson</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Ann Watson</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Chas. Roland Stalling</i>			How related to deceased <i>Grandson</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Val. Dis of Heart</i>	How long <i>30 days</i>
Immediate	<i>Val. Dis of Heart</i>	How long <i>30 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Hinman,</i>
		Address <i>Lo. Marlboro,</i>
		<i>Med.</i>
Accident or Suicide? <i></i>		



Name
in
Full

Engbry Rebecca Woldsen

CERTIFICATE OF DEATH

Town

County

Died at

Splonious

Calvert

MARYLAND

Date

of death

190

7

Month

Aug

Day

31

Age

Years

—

Months

3

Days

19

Sex

Female

Color or
Race

White

Birth-
place

Fairmont Va

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Halvor Woldsen

Father's
Birthplace

Norway

Mother's
Maiden Name

Mary J Hopkins

Mother's
Birthplace

Fairmont Va

Name of person giving
In formation

Halvor Woldsen

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

3 weeks

Immediate

Prostration

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo F Chambers MD

Address

*Lucy, Calvert Co
md*

Accident or Suicide?

LIBRARY BUREAU A68816

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

